224132

STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case) Example: Application for a Class C Charter Certificate from	PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
))	DOCKET NUMBER: 2010 - 188 - T
Application for a Class C Charter Certifi	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned should be entered above.
(Please type or print) Submitted by: David P. Smith aba. Raxi Lineus	Telephone: (704) 779-3118
Address: 1010 Vance St.	Fax: (803) 222 - 9668
Clover, SC 29710	Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of the filled out completely.	
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
X Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 11 May 2010
CLASS C - CHARTER	
Application is hereby made for a Certificate of Pub of S.C. Code Ann., § 58-23-10, et seq. (1976), and	olic Convenience and Necessity, in accordance with the provision amendments thereto.
1. Name under which business is to be conducted (corp	poration, partnership, or sole proprietorship, with or without trade name.
Royal Linusine LL	_C
Royal Linuxine LL 1010 Vance St. Cl. Stre	et Address of Applicant
Mailing Address of A	Applicant if different from street address
900) 779-3118	(803)222-9668 Fax
Phone	Fax
royallimousinea	Semail Address
 If incorporated, a copy of Articles of Incorporat Secretary of State "Foreign Corporation" Certif 	tion must be attached. (If incorporated outside of SC, attach SC ficate.)
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of all	l nerson having an interest in the husiness.
☐ Corporation - List names and address of an	
Corporation - List flames and addresses of	two principal officers.
<u>. </u>	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Year 2010

Assets:

Absets.	
Cash	\$5000.50
Receivables	\$ 1000.00
Real Estate	\$ 100,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$100,0000
Garage Equipment (Net)	
Machinery and Tools (Net)	\$ 250.00
Supplies on Hand	\$ 100.00
Prepaids and Other Assets	
Total Assets	\$206,350.00
Liabilities and Equity:	
Accounts Payable	\$1000.00
Notes Payable	\$ 150.00
Mortgages Payable	\$ 80,000.00
Equipment Obligations	
Accrued Salaries and Wages	\$ 40.00000
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$ 121,150 00
Capital Stock	\$ 50,000
Retained Earnings	\$ 10,000
Total Equity	\$ 60,000
Total Liabilities and Equity	\$181,1500

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ROYAL LIMOUSINE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 6th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of May, 2010

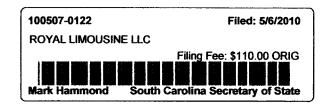
Mark Hammon O

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE
May 07 2010

May UT 2010

SECRETARY OF STATE OF SOUTH CAROLINA



STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

The	address of the initial designated office	ce of the Limited Liability Company in South Carolina is
106	VANCE ST	
Stree	t Address	
CLC	OVER SC	297101138
City		Zip Code
The	initial agent for service of process of	f the Limited Liability Company is
DAV	/ID P SMITH	Electronically filed on SCBOS Signature not required.
Name	e	Signature
	the street address in South Carolina VANCE ST	for this initial agent for service of process is
106		for this initial agent for service of process is
106 Stree	VANCE ST	for this initial agent for service of process is 297101138
106 Stree	VANCE ST	
106 Street CLC City The	o VANCE ST Address OVER SC name and address of each organize	297101138 Zip Code
Stree CLC City	OVANCE ST A Address OVER SC name and address of each organize DAVID P SMITH	297101138 Zip Code
106 Street CLC City The	OVANCE ST Address OVER SC name and address of each organize DAVID P SMITH Name	297101138 Zip Code
Stree CLC City	OVANCE ST Address OVER SC name and address of each organize DAVID P SMITH Name 106 VANCE ST	297101138 Zip Code
Stree CLC City	DAVID P SMITH Name 106 VANCE ST Street	297101138 Zip Code
106 Stree CLC City	OVANCE ST Address OVER SC name and address of each organize DAVID P SMITH Name 106 VANCE ST	297101138 Zip Code

		ROYAL LIMOUSINE LLC
		Name of Corporation
5 .	Check this box if the company is to be a term of	ompany. If so, provide the term specified:
6.	Check this box only if management of the limite managers. If this company is to be managed be initial manager:	ed liability company is vested in a manager or by managers, specify the name and address of each
7.	obligations under section 33-44-303(c) If one	of the company are to be liable for its debts and or more members are so liable, specify which abilities such members are liable in their capacity as
8.	Unless a delayed effective date is specified, these a Secretary of State. Specify any delayed effective date	rticles will be effective when endorsed for filing by the te and time:
9.	Set forth any other provisions not inconsistent with la including any provisions that are required or are per operating agreement.	aw which the organizers determine to include, mitted to be set forth in the limited liability company
10.	Signature of each organizer	
	Electronically filed on SCBOS.	Date 2010-05-06

Refer to attached signature page.

1431 KDIHL EIMOOS.

Page 1 of 1

Signature Page Attachment to South Carolina Business One Stop (SCBOS) for the State of South Carolina Secretary of State

This page must be complated manned, and aubmitted as an attachment when filing on SCROS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)
As Of: May 08, 2010 4:39 F

Royal Limousine LLC

Signature of Each Organizers

David P Smith

Name

Signature

Fax or e-mail your completed forms to:

SC Secretary of State (603) 734-1610 SCBOS@SOS.SC.GOV

(Please e-mail signature forms in the following file formats only: Adobe .PDF, .GIF, or .JPEG extensions.)

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:				
Maximum Proposed rates and charges				
for Chrysler 300 Limousine would be \$100.00 per hour				
be \$100.00 per hour				
Counties to be Served: Statewide				
54000				
Maximum Number of Passengers per Vehicle:				

DESCRIPTION OF EQUIPMENT

MAKE	YEAR &	k MODEL		VIN#	WEIG EMP		SEATING CAPACITY
Chrys	lec	2008,	300	2C3KA5	3658 HI2957	0 495	Olb. 12
					- N		
			72-19-11				
		-		27.7.484			
				-			

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The following insurance quote is for: Koyd Lingusine LLC

Name of Motor Carrier Name of Motor Carrier

Name of Motor Carrier **Limits Quoted: (See Below) Amount of Premium:** Limits Liability Insurance \$ The above quoted premium is for a term of _____ months. Minimum Limits - Intrastate Only: \$ 25,000/50,000/25,000 1-7 Passengers \$ 25,000/100,000/25,000 8-15 Passengers 1300 East 104th St. Suite 105, Kansas City Ma 64131 I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. Date Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2010

_							03/19/2010
PRODUCER (704) 945-7127 The Garner Group LLC				ONLY AN	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF O RIGHTS UPON THE ATE DOES NOT AMEN	E CERTIFICATE D. EXTEND OR
4601 Park Rd. Suite 610				ALTER TH	IE COVERAGE A	AFFORDED BY THE PO	LICIES RELOW.
	Charlotte NC 28209-				AFFORDING COV		NAIC#
INSU		Royal Limousine, LI	aC .		los Insuran		
100	5 Va	ance Street		INSURER B: SO	uthern Unit	ed Fire Ins.	
				INSURER C:			
				INSURER D:			
Cl	ove	sc 29	710-	INSURER E:			
		AGES					
AI M	NY RI AY PI	DLICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN M.	IN OF ANY CONTRACT OR OTH TO BY THE POLICIES DESCRIBED	ER DOCUMENT WITI HEREIN IS SUBJEC	H RESPECT TO W	IICH THIS CERTIFICATE MA	Y BE ISSUED OR
INSR	ADD'L		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	INSRD X	TYPE OF INSURANCE GENERAL LIABILITY	APP38138126	08/19/2008	08/19/2009	EACH OCCURRENCE	1,000,000
[X COMMERCIAL GENERAL LIABILITY		1 1	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000
		CLAIMS MADE X OCCUR		1 1	1 /	[]	5,000
l		ODAMO MADE 12 GOOGN		, ,	1 /		1,000,000
				1 1	, ,		2,000,000
i		GEN'L AGGREGATE LIMIT APPLIES PER:		1 1	, ,	PRODUCTS - COMP/OP AGG	
		PRO-		1 1	, ,		i
В	х	Transfer I MEGI	D5P11072-00	08/19/2009	08/19/2010	COMPLET OFFICE FUNCT	
		ANY AUTO		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	1,500,000
	į	X SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per person)	\$
		X HIRED AUTOS		11	1 /	BODILY INJURY	\$
		X NON-OWNED AUTOS		/ /	/ /	(Per accident)	
		X \$1000 Ded.		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	ļ	GARAGE LIABILITY		/ /	///		\$
l		ANY AUTO		1 1	, ,	EA ACC	i
		ANT AUTO		1 1	11	AUTO ONLY	\$
	·	EXCESS / UMBRELLA LIABILITY		1 1	11	EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE		11	11	AGGREGATE	\$
				1 1	11		\$
		DEDUCTIBLE		1 1	1 1		\$
ŀ		RETENTION \$		1 1	11		\$
 		KERS COMPENSATION		/ /	11	WC STATU- OTH- TORY LIMITS ER	
ĺ	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		1 1	, ,	1	\$
	OFFI	CER/MEMBER EXCLUDED?		1 1	, ,	E.L. DISEASE - EA EMPLOYEE	
	If yes	s, describe under CIAL PROVISIONS below		1 / /	1 1	E.L. DISEASE - POLICY LIMIT	
	OTH			1 / /	11		
				1 1	11		
				1 / /	11		
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOR	SEMENT / SPECIAL PROV	/ISIONS		
Pol	icy	includes 2008 Chrysler 30	0 2C3KA536584129570, 200	7 Hummer 5GRGN	23 V 77H105266 а	nd 2001 Ford 1FMNU40	L71E1318705
1							
	DTIE	ICATE HOLDED		CANCELLA	TION		
	<u> </u>	ICATE HOLDER	() -	1		BED POLICIES BE CANCELLED BE	SODE THE EXPIDATION
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		EOD DDOOE OF THOUSAN	ICE ONLY			R NAMED TO THE LEFT, BUT FAI	
		FOR PROOF OF INSURAN	NCE ONLY		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR		
				REPRESENTAT			
				AUTHORIZED RE	PRESENTATIVE	× (1)	0_
		1				frif.	γ ==

ACORD 25 (2009/01) INS025 (200901) © 1988-2009 ACORD CORPORATION. All rights reserved.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Exhibit:FWA

	- Kou	al Limousine LLC
	_	Name of Applicant
۱.	Are there currently any ou	itstanding judgments against the Applicant?
	○ Yes	♠ No
	If Yes, indicate nature of	judgement(s) against applicant.
2.		all statutes and regulations, including safety regulations and governing for-hire motor
	statutes and regulations?	n South Carolina, and does Applicant agree to operate in compliance with these
	Ø Yes	O No
	T	
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	\(\frac{\dagger}{\text{Yes}} \)	○ No
	•	

Exhibit on Driver Qualifications

1.	Applicant understands that all drivers must be a minimum of 18 years of age.				
	⊗ Yes	() N			
2.		om the DMV of	ed copy of the driver's three (3) year driving record issued by the SC DMV he state in which the driver is or has been domiciled for such period must siness office.		
	⊗ Yes	O N			
3.	Applicant understa must be maintaine		al history background check from the state where the driver currently lives t's business office.		
	⊗ Yes	O N			
4.		hen operating a o	rs operating a vehicle under a Class C Charter Certificate must have in harter vehicle, a valid driver's license issued by the SC DMV or the current		
	⊗ Yes	○ No			
5.	vehicles to drivers	who are register	s C Charter Certificate holders are prohibited from employing or leasing ed, or required to be registered, as sex offenders with the South Carolina any national registry of sex offenders.		
		0 1	lo .		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA) COUNTY OF \(\sum_{\mathcal{C}} \mathcal{C} \mathcal{C} \mathcal{C} \)	Jand L
	Applicant's Signature
I, Name of Applicant's Representative	Title
	Title
of Kousi Limousine LLC	Applicant
the Applicant for the Certificate of Public Convenie affirm that all statements contained in the above app	ence and Necessity as set forth in the foregoing, swear or
	James (mr.
	Signature of Applicant's Representative